

IDAHO STATE DEPARTMENT OF AGRICULTURE
WAREHOUSE CONTROL PROGRAM
2270 OLD PENITENTIARY ROAD
PO BOX 790
BOISE, ID 83701
(208) 332-8660

____ APPLICATION FOR COMMODITY DEALER LICENSE
____ RENEWAL OF COMMODITY DEALER LICENSE

AMOUNT RECEIVED _____
STATE NO. _____
CLASS _____

The applicant as a condition of receiving a license, agrees to comply with and abide by the terms of Title 69, Chapter 5, Idaho Code and rules thereunder. Upon license suspension or license revocation of their Commodity Dealer license, the licensee shall surrender, upon demand, his Commodity Dealer license to the Idaho State Department of Agriculture.

1. Business name: _____

2. Business mailing address: _____

3. Business Phone No: _____ 4. Fax No.: _____

5. Business mailing address in Idaho: _____

6. Business e-mail address: _____

7. Idaho Phone No: _____ 8. Idaho Fax No.: _____

9. The applicant is an:

☐
INDIVIDUAL

☐
PARTNERSHIP

☐
CORPORATION

☐
LLC

10. Parent company (if applicable) _____

11. Parent Co. Principal business mailing address: _____

12. Parent Co.: Phone No. _____ 13. Fax No. _____

14. Business location address in Idaho: _____

COUNTY

COUNTY

COUNTY

INDIVIDUAL

15. If individual, list name and address: _____

PARTNERSHIP

16. If partnership, list names and addresses of partners: _____

17. If this application is for an individual or a partnership, your business or firm name must be recorded to comply with Idaho Code.

County in which recorded: _____

18. If corporation, use the **true corporate name** as shown in your **ARTICLES OF INCORPORATION**.

Corporation Name: _____

19. If a Limited Liability Company, use the **Limited Liability Company name** as shown in your **ARTICLES OF INCORPORATION**.

Limited Liability Company name: _____

CORPORATION or LIMITED LIABILITY COMPANY

20. If Corporation or Limited Liability Company, list name and business address of officers:

President _____ Address _____

VP _____ Address _____

Secretary _____ Address _____

Treasurer _____ Address _____

General Manager _____ Address _____

CEO _____ Address _____

21. If this application is for a Limited Liability Company (LLC.), has your business or firm name been recorded with the Secretary of State office?

_____ **YES** _____ **NO**

22. State and date corporate or limited liability company papers filed: _____

23. Has a claim been ordered collected or actually been collected against the bond, certificate of deposit or irrevocable letter of credit pursuant to Idaho Code, Title 69, Chapter 2 or 5, or the United States Warehouse Act?

_____ **YES** _____ **NO**

24. Has the applicant or any of the individuals named above or any stockholder owning at least ten percent (10%) of stock issued by the applying company, been convicted of a felony involving violations of Idaho Code, Title 69, Chapters 2 or 5, or the United States Warehouse Act, within the past three years?

_____ **YES** _____ **NO**

25. Do you enter into No Price Established (NPE) Contracts or Priced Later (PL) contracts with producers?

_____ **YES** _____ **NO**

26. Your fiscal year ends: _____

27. Name **and** address of bank(s) that handle your business account(s).

28. **By my signature below**, I certify that I have thoroughly read and fully understand and will abide by the provisions of Title 69, Chapter 5, Idaho Code, and rules thereunder of the Idaho State Department of Agriculture. I further certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and any Commodity Dealer license issued to me pursuant to Title 69 Chapter 5, Idaho Code, may be canceled at any time.

Name (Print): _____

Position: _____

Signature : _____ Date: _____